

Independent Study Request Form

Instructions:

1. Complete Sections I and II.
2. The faculty member who will be your supervising instructor must complete Section 3.
3. Bring the completed form to the Department of Art Academic Advising office (202 CFA). You will be registered for the class. **Note: There will be a lab fee charged for this course.**

Section I

Name: _____ (please print) Phone Number: _____

Local Address: _____
Street Apt. #
_____ City State Zip

Email Address: _____ UB Person # _____

Section II

Registration # _____ Credit Hours: _____ Semester: _____

Course Section # _____ Course Title: Independent Study - _____

Supervising Instructor: _____

In the space below state what you plan to accomplish throughout this independent study:

(Continue on reverse if necessary)

Section III

I approve the work outline above, agree to supervise the student in this work and agree to report a final grade.

Instructor's Name _____ (please print) Date _____

(signature)